



(Revision 7/12)  
STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
TELEPHONE (860) 713-6145  
WebSite: [www.ct.gov/dcp](http://www.ct.gov/dcp)

FOR OFFICE USE ONLY

**Request for Revision of Certificate of Registration for a Corporation:**

**This application must be completed if there are any changes from the last application that is on file with the Board Office.  
(Check one)**

- ☐ To practice **Professional Engineering** through licensed professional engineers listed herein.  
☐ To practice **Land Surveying** through licensed land surveyors listed herein.

**Please check applicable boxes:**

- ☐ Name change (Attach Connecticut's Certificate of Authority-should not be more than 3 months old)  
☐ Change in Corporate Structure (Changing from one business entity to another PC, INC, LLC)  
☐ Deletions or Additions of CT Licensees responsible for signing and sealing  
☐ Changes in ownership

Name of Corporation		Former Name of Corporation		License Number	
Street Address		City		State	ZIP Code
Telephone Number (w/area code)		E-Mail Address		FEIN Number	
Mailing Address (if different from above)		City		State	ZIP Code
State of Incorporation	If a "Foreign" Corporation, do you have a Certificate of Authority from Connecticut's Secretary of State? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>HAS THE APPLICANT OR HAVE ANY OF THE CORPORATE DIRECTORS OR OFFICERS EVER BEEN CONVICTED OF A FELONY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>					
If yes, please attach a statement providing the date(s) of conviction (s), the court (s) where the cases were decided and a description of the circumstances relating to each conviction(s)					
<b>Indicate Organizational Structures:</b> <input type="checkbox"/> General Business <input type="checkbox"/> Professional Corporation (PC) <input type="checkbox"/> Limited Liability Co (LLC)					

**NAMES, RESIDENCE ADDRESSES AND TITLES OF ALL DIRECTORS AND OFFICERS**

Name	Address	Title	CT License Number

**HOLDERS OF VOTING STOCK/SHARES (Must be completed by PCs and LLCs)**

Name	Address	No. of Voting Stocks/ Shares Held	CT License Number

**LIST TOTAL NUMBER OF VOTING STOCKS/SHARES ISSUED TOTAL \_\_\_\_\_**

## DELETIONS

CT LICENSEES RESPONSIBLE FOR SIGNING AND SEALING THAT WERE PREVIOUSLY LISTED

Name	Residence Address	CT License Number
Name	Residence Address	CT License Number
Name	Residence Address	CT License Number
Name	Residence Address	CT License Number

## ADDITIONS

LIST ALL PERSONNEL IN RESPONSIBLE CHARGE WHO ACT ON BEHALF OF THE CORPORATION AS A PROFESSIONAL ENGINEER OR LAND SURVEYOR WHO HOLD CONNECTICUT LICENSES. **(SIGNATURES REQUIRED IN THE APPROPRIATE SPACE)**

Name	Residence Address	CT License Number
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

Name	Residence Address	CT License Number
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

Name	Residence Address	CT License Number
Basis of Engagement by Corp: Part-time, Fulltime, etc	If Professional Engineer, discipline of responsibility	Signature of Licensee

**IF THIS IS AN ENGINEERING CORPORATION - CHECK THE BRANCHES IN THE FIELD OF ENGINEERING WITHIN WHICH THE CORPORATION EXPECTS TO PRACTICE:**

☐ Civil ☐ Chemical ☐ Electrical ☐ Environmental ☐ Mechanical ☐ Other, list branches

## AFFIDAVIT

**(To be made before a Notary Public or other official qualified by law to administer oaths)**

I, the applicant or duly authorized member of the partnership or association, or officer of the corporation on behalf of which the above Application is made, being duly sworn according to law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducing the issuance of the registration requested.

\_\_\_\_\_  
Signature of Officer, Partner or Proprietor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Subscribed and sworn to before me:*

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires

**Instructions for Request for Revision of Certificate of Registration**

- 1) The application must be completed and notarized
- 2) List only professional engineer(s) or land surveyors(s) who are currently licensed in the State of Connecticut
- 3) Attach a Certificate of **Good Standing or Authority** (the form may also be known as “**Certificate of Legal Existence**”, which is not more than three (3) months old. This must be obtained from:

Office of the Secretary of State-Certification Unit  
30 Trinity Street, PO Box 846  
Hartford CT 06106  
Telephone: (860) 509-6002  
WebSite: [www.sots.state.ct.us](http://www.sots.state.ct.us)

- 4) If changes in corporate structure or merger, please attach a letter giving a history of this change along with copies of supporting documentation.